Exhibit 6

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

TO: _____
Name

_____
Address

_____
City, State and Zip Code

This will authorize you to furnish copies of all school records including, but not limited to, test results, test scores, report cards, or other school grading material, attendance records, physicals and other health-related, including but not limited to any physicians, nursing or allied health professional reports, records or notes, which may be in your possession.

_____
Name of Student

whose date of birth is _____ and whose social security number is _____.

You are authorized to release the above records to the following, who agree to pay reasonable charges made by you to supply copies of the requested records:

Yvonne K. Puig
Fulbright & Jaworski L.L.P.
Attorneys for Saint Thomas West Hospital, formerly known as St. Thomas Hospital, Saint Thomas Network, and Saint Thomas Health
98 San Jacinto Blvd., Suite 1100
Austin, Texas 78701

This authorization does not authorize you to disclose anything other than documents and records to anyone.

This authorization is not valid unless the record requestor named above has executed the acknowledgement at the bottom of this authorization.

This authorization shall be considered as continuing in nature and is to be given full force and effect to release information of any of the foregoing learned or determined after the date hereof. It is expressly understood by the undersigned and you are authorized to accept a copy or

photocopy of this authorization with the same validity as through the original had been presented to you.

Date: _____ _____
Student/Personal Representative Signature

Date: _____ _____
Witness Signature

THE STATE OF _____ §
§
COUNTY OF _____ §

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, this _____ day of _____, 201___.

_____
NOTARY PUBLIC